



Health Naturally, LLC

Release and Consent for Services



First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Birth date _____ Marital Status M S W D Children # _____

Age _____ Sex F M Height _____ Weight _____ Eye color _____

Who referred you to us? _____

Client agrees that Health Naturally, LLC , it's agents and employees, hereinafter "HN", are not licensed physicians diagnosing, prescribing, or treating for a specific disease or illness.

Client acknowledges that any treatment for a specific disease or illness should be rendered by a physician consulted by said client, without regard to the nutritional recommendations and/or colon hydrotherapy provided by HN.

Client agrees that recommendations and/or colon hydrotherapy received from HN are nutritional and hygienic only. The services performed are, at all times, Restricted to consultation on the subject of nutritional matters, intended for the Maintenance of the best possible state of health.

Client further agrees that the services provided by HN do not involve the diagnosing or prescribing of medicine for the treatment of disease, and that "The Muscle Response Test" measures the energy flow in the body and is not being used to diagnose, prescribe or treat disease or illness.

Client certifies by signing this release, client has read the above contained and agrees to the terms & conditions stated herein. Client thereby releases HN from any liability arising from any service rendered to client from HN.

Signed _____ Date _____

CLIENT

Why are you here? _____

Occupation: Please list all professions through lifetime. _____

List all Surgeries/diagnosed conditions throughout Lifetime. _____

List Medications: _____

Have you had Colonics before? YES NO, If Yes, Whom? _____

Have you had issues in the past/present? Very Important

Constipation No Yes, How long? _____ Bleeding from Rectum No Yes How Long? _____

Perforated Colon No Yes How Long ago? _____ Back Pain No Yes How Long? _____

Diverticulitis No Yes How Long? _____ Rectal Fishers No Yes How Long? _____

Cancer/Colon No Yes How Long ago? _____ Acid Reflux No Yes How Long? _____

Hemorrhoids No Yes How Long? _____ Anemia No Yes How Long? _____

Stomach Pain No Yes How Long? _____ Gall Bladder No Yes How Long? _____

Liver No Yes How Long? _____ Diabetes No Yes How Long? _____ Type I II

Heart No Yes How Long? _____ Lungs No Yes How Long? _____

Epilepsy No Yes How Long? _____ Ulcers No Yes How Long? _____

Prostrate No Yes How Long? _____ Asthma No Yes How Long? _____

Dental No Yes How Long? _____ Bladder No Yes How Long? _____

Candida No Yes How Long? _____ Arthritis No Yes How Long? _____

If you need to add more information on another document such as; Herbs, Supplements & Vitamins, Please include with this sheet. Thank you.

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